

This product was developed by the St. Peter Family Medicine Residency Program in Olympia, WA. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.



# MEDICAL GROUP VISITS:

## A Team Approach to Promote Self- Management



New River Health  
Association  
Scarbrough, West Virginia



Marshall University  
School of Medicine  
Department of Family  
and Community Health

# West Virginia

- Appalachian State
- Isolated rural communities
- System of rural primary care centers
- Almost heaven



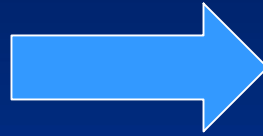
# New River Health Association



# MGVs have Caught On at NRHA

- Began 5/01
  - One team - Doctor, Nurse and Facilitator
    - 1<sup>st</sup> and 3<sup>rd</sup> Thursday of every month
- March 2006
- 8 Medical Group Visits
- Mental health (2 group)
- Black lung (1 group)
- Chronic pain -- GOLS (1 group)
- Chronic care teams (3 groups)
- Workers comp (1 group)

# MGV Team



**Facilitator**



# Team Approach

- Providers get help with the many tasks of a chronic care patient visit
- Being in the same room, provider and nurse can easily flex to coordinate tasks
- Facilitator coordinates paper work, answers questions
- Patients actively participate as part of the team



# Tasks that are Accomplished

- Chronic disease follow-up; exam; questions
- Lab results
- New prescriptions/refills/change medication
- X-rays, lab tests ordered
- Referrals
- Forms filled out (Comp, insurance, disability)
- Diagnose and treat new problems
- Private exam if needed



# Visit Setting

- Conference room
- Computer with wireless link to lab, EMR, pharmacy
- Chairs in a circle
- Rolling stool for provider to scoot pt. to pt.
- Small table in center for visit supplies (gloves, foot exam pads, etc)
- “Healthy” refreshments in corner of room
- Private exam room & bathroom near by



# Typical Time Frame



## 8:00 to 8:30 AM

- Patients given clip-board –Vital signs recorded - Patient questions and needs noted
- Patient reviews EML and Continuing Problem List
- Introductions – and patients list reasons for the visit

# Time Frame . . .



8:30 –9:30

- Round one: doctor and nurse do individual medical exams
- Round two: Doctor will move around the room addressing patient needs
- Question and answer time

# Time Frame . . .



9:30-10:00

- Group Discussion - Lab reviewed and education topics discussed
- Goal setting and action plan



# Key: Prepare Ahead

Nurse (2-3 days before)

- Reviews census – goal of scheduling 12-15 pt.
- Organizes paper work – visits sheets, billing forms, etc

# Prepare Ahead

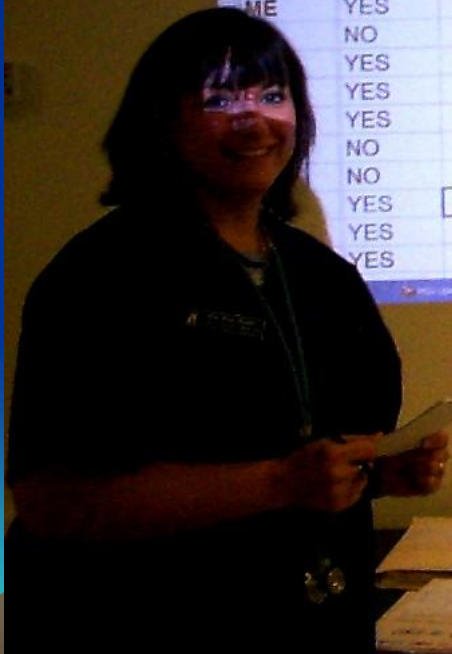
## Facilitator (day before)

- Reviews outcome data – notes who may be struggling
- Reviews preventive health screen
- Creates wall chart with patients' data
- Sends charts to provider the day before the MGV





Initials	Diabetic	A1C	Total	Trig.	HDL	LDL	Meds.	Other	Lab due
	Yes or No		100-199	0-199	40-150	0-129	Yes or No	Alt: 0-40 TSH:	
RC	NO		180	154	43	106	NO		Now
DM	NO		184	95	54	111	YES		Feb. 05
FB	NO		185	353	35	79	YES		Jan. 04
CS	NO		163	63	51	99	NO		Feb. 05
RJ	NO		197	115	57	117	NO		Nov. 04
WP	YES	8	158	93	65	74	YES		Apr. 05
ME	YES	5.2	232				YES		Feb. 05
	NO		164	118	39	101	NO		Now
	YES	6.1	384	468	40	250	YES		Now
	YES	6.7	190	195	35	116	YES		Apr. 05
	YES	8.7	181	232	32	103	NO		Apr. 05
	NO		159	172	40	85	YES		Now
	NO		139	79	55	68	YES		Apr. 05
	YES	14	170	93	50	101	YES		Now
	YES	6.5	184	85	38	129	NO		Now
	YES	8.2	187	162	42	113	YES	tsh 7.16	Now




# Prepare Ahead

## Medical Provider

- Reviews the Last 3 visit notes
- Reviews med, & Lab list
- Outlines a plan for the MGV, including self management topics





# Key: Reduce Doctor Busywork

- Chart reviewing done ahead
- Lab orders
- Follow-up plan done by the team
- Progress note writing – Use of tablet PC with wireless connection to EMR

# Benefits to Patients

- Almost no wait time for appointment
- More participation with medical team
- Discussion time/Q&A
- Patients learn from and support each other
- Relaxed setting/healthy snacks
- Patients can schedule themselves
- Family members and support welcome

# Benefits to Medical Team

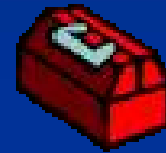
## **Saves time!**

- Lab data on hand
- Referrals and apnt. made during the MGV
- Efficient use of other clinic support staff
  - Lab, front desk, social worker
- Satisfied Patients



Back up a moment . . .

# Tools for Self Management



# Behavior Change Materials

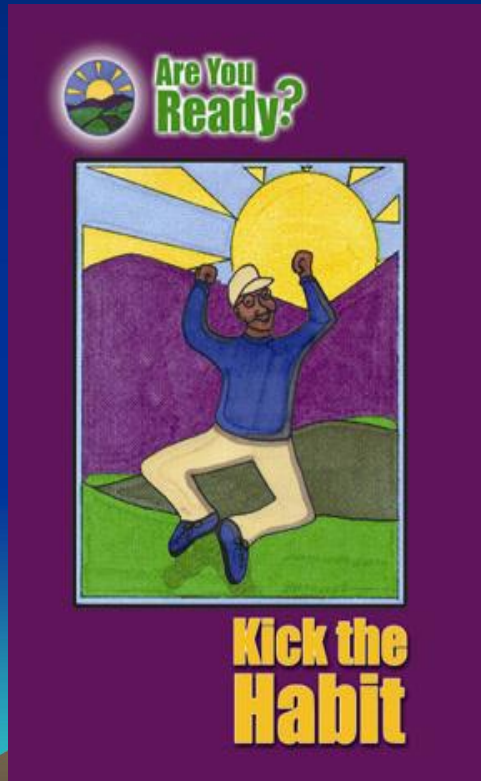
## Key Messages

- **Balance your plate**
- **Choose to move**
- **Kick the habit**

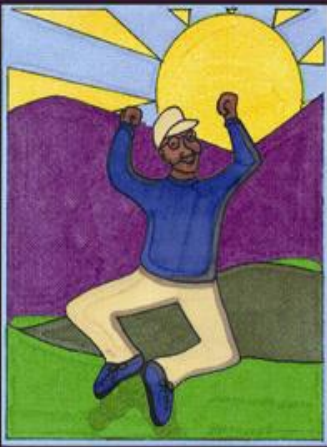


# Self Management Booklets

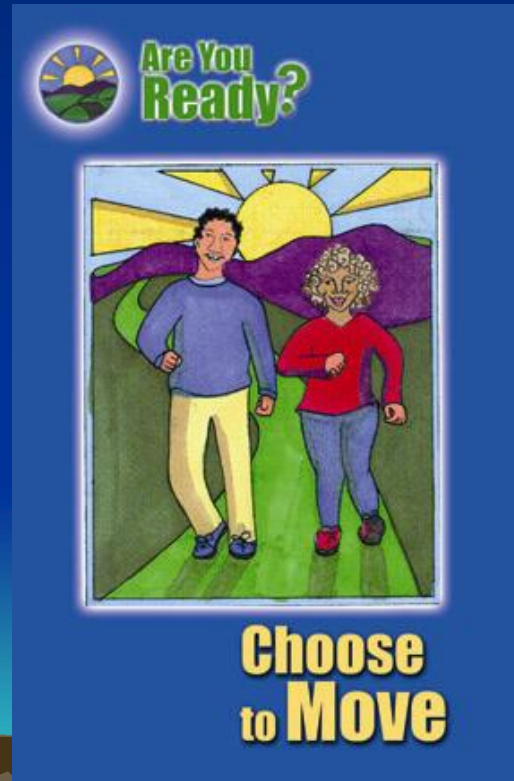
Educational booklets with basic information




**Are You Ready?**



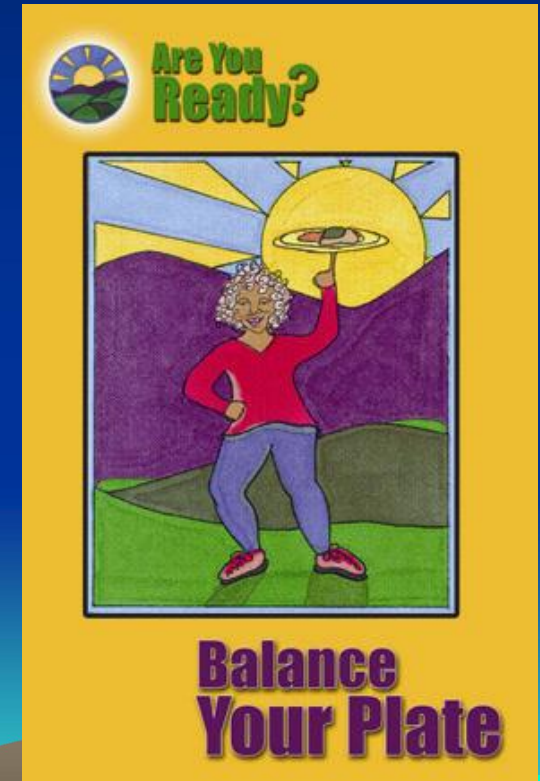
**Kick the Habit**




**Are You Ready?**



**Choose to Move**



**Are You Ready?**



**Balance Your Plate**

# Patient Decision-Making

## Action Plan Example —

This week I will

Increase vegetables (What?)

One serving (How much?)

At lunch and dinner (When?)

5 days (How many?)

How confident are you? 9

(0 = not confident 10 = totally confident)


# Maintenance

- “I am ready”  
**PASSPORT**
- Individuals have possession of health status data and can monitor their goals



# Follow-up

## “Help Yourself” Chronic Disease Self-Management Program

- **Developed at Stanford University**
  - **A six-session course; weekly 2-hour sessions with a focus on skills training**
  - **Leaders follow a detailed leaders manual**
  - **Designed to be led by non-health professionals and individuals with chronic conditions**
- 

# Conclusion

- Expansion of MGVs has been successful at NRHA
- MGV's improve patient access
- High level of patients and provider satisfaction with MGV process
- MGVs provide opportunity to integrate self management into patient visit
- Patients who attend MGV are more likely to be engaged in self-management activities



**With financial support from the –**

**Advancing Diabetes Self-Management  
Program**

**Robert Wood Johnson Foundation**



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